

RCE/2815

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FEE TRANSMITTAL for FY 2002		Complete if Known	
Patent fees are subject to annual revision.		Application Number	09/609,813
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	July 3, 2000
1,140.00		First Named Inventor	Leonard Forbes
		Examiner Name	P. Brock
		Group Art Unit	2815
		Attorney Docket No.	M4065.0051/P051-A
METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 04-1073 Deposit Account Name: <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> Payment Enclosed <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Large Entity Fee Code Fee (\$)	
FEE CALCULATION		Small Entity Fee Code Fee (\$)	
1. BASIC FILING FEE		Fee Description	
Large Entity Fee Code Fee (\$)		Fee Paid	
Small Entity Fee Code Fee (\$)			
Fee Description			
Fee Paid			
101 740 201 370 Utility filing fee			
106 330 206 165 Design filing fee			
107 510 207 255 Plant filing fee			
108 740 208 370 Reissue filing fee			
114 160 214 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES		3. ADDITIONAL FEES	
Total Claims <input type="text"/> ** = <input type="text"/> x <input type="text"/> = <input type="text"/>		Large Entity Fee Code Fee (\$)	
Independent Claims <input type="text"/> ** = <input type="text"/> x <input type="text"/> = <input type="text"/>		Small Entity Fee Code Fee (\$)	
Multiple Dependent <input type="text"/> = <input type="text"/>		Fee Description	
Large Entity Fee Code Fee (\$)		Fee Paid	
Small Entity Fee Code Fee (\$)			
Fee Description			
Fee Paid			
103 18 203 9 Claims in excess of 20			
102 84 202 42 Independent claims in excess of 3			
104 280 204 140 Multiple dependent claim, if not paid			
109 84 209 42 ** Reissue independent claims over original patent			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00	
** or number previously paid, if greater; For Reissues, see above		Other fee (specify)	
SUBMITTED BY		Complete (if applicable)	
Name (print/type) Thomas J. D'Amico		Registration No. 28,371	
Signature		Telephone (202) 828-2232	
		Date December 11, 2001	

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DEC 11 2001

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

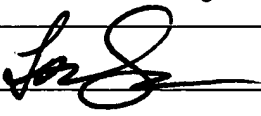
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/609,813
		Filing Date	July 3, 2000
		First Named Inventor	Leonard Forbes
		Group Art Unit	2815
		Examiner Name	P. Brock
Total Number of Pages in This Submission		Attorney Docket Number	M4065.0051/P051-A

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form ✓ <input checked="" type="checkbox"/> Fee Attached ✓ <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Request for Continued Examination Transmittal </div>
<div style="border: 1px solid black; padding: 5px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico Registration No.: 28,371
Signature	
Date	December 11, 2001